

215037114
60028

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 185	Agency Case No. B5-084460	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		(In Military Time) TIME OF ACCIDENT 0928	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0929	09/12/2015	
B 68	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 70TH AND HWY 2		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 2	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		70TH AND HWY 2		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02093888		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	CALVIN M DALE		PHONE	4024897025	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 7200 VAN DORN ST APT 200, LINCOLN, NE 68506		DATE OF BIRTH (MM / DD / YYYY)	08/05/1923	
G 6	OWNER	CALVIN M DALE		PHONE	4024897025	
H 2	OWNER ADDRESS	CITY, STATE, ZIP 7200 VAN DORN #200, LINCOLN, NE 68506		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB483850	
V1/O 4	LICENSE PLATE PA NO.	TGW777		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 3	VEHICLE	2014	MAKE Ford	MODEL F/S	BODY STYLE 4 door Sedan	COLOR red
I 1	VEHICLE ID NO. (VIN)	3FA6P0G75ER121645		INSURANCE COMPANY	STATE FARM	
J 01	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL	
K 02	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	V00150818		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	AMY L BOLTON		PHONE	4028024047	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 3327 B ST, LINCOLN, NE 68510		DATE OF BIRTH (MM / DD / YYYY)	03/16/1974	
J 01	OWNER	AMY L BOLTON		PHONE	4028024047	
K 02	OWNER ADDRESS	CITY, STATE, ZIP 3327 B ST, LINCOLN, NE 68510		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 1	LICENSE PLATE PA NO.	SKN285		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 1	VEHICLE	2006	MAKE Suzuki	MODEL FZB	BODY STYLE 4 door Sedan	COLOR white
J 02	VEHICLE ID NO. (VIN)	KL5JD56Z96K429569		INSURANCE COMPANY	ESURANCE	
K 02	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL	
PANE6280739						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
1	CALVIN M DALE	7200 VAN DORN #200, LINCOLN, NE 68516		08/05/1923	01	1
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
2	AMY L BOLTON	3327 B ST, LINCOLN, NE 68510		03/16/1974	01	1
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
		BryanLGH Medical Center East (Bryan)		Lincoln Fire & Rescue	5 Trans.	SEX M F
2	AUBREY BOLTON	3327 B ST, LINCOLN, NE 68510		08/28/2003	03	1
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
		BryanLGH Medical Center East (Bryan)		Lincoln Fire & Rescue	5 Trans.	SEX M F

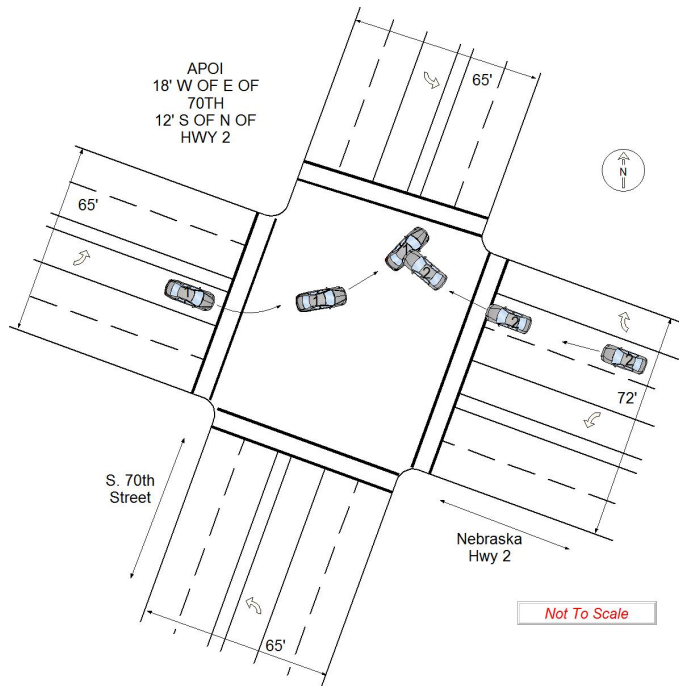
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084460



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh. 1 states he was operating a motor veh. EB on Hwy 2 in the left turn lane at 70th. Dr.1 initially stated as he got to the intersection he had a solid green light and began to make a left turn to go NB on 70th. when his veh. was struck by veh. 2 which was WB. When it was explained that if he had a solid green light that would mean WB traffic would also have a green Dr. 1 changed his account claiming he was not sure what color the light was. Driver of veh. 2 states she was operating a motor veh. WB on Hwy 2 in the outside through lane. Dr. 2 states she lost consciousness due to the impact and could not be certain if her light was green or yellow but remembered veh. 1 turning in front of her veh. and she tried to avoid veh. 1 but could not. Passenger of veh. 2 stated the light turned yellow just at their veh. reached the intersection. Adams stated she was stopped facing NB on 70th and her light was red and she saw veh. 1 turn in ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME TIFFANY D ADAMS	ADDRESS 7341 S 16TH, LINCOLN, NE	PHONE 68512 4025607247		
	NAME JEFFREY J SHUBERT	ADDRESS 5950 S 77TH, LINCOLN, NE	PHONE 68516 4023123355		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	2	
1			X		HWY 2		POINT OF IMPACT	04	POINT OF IMPACT	01	1	2	3	4	5	6	7	8	
2				X	HWY 2		POINT OF IMPACT	03	POINT OF IMPACT	01	1	2	3	4	5	6	7	8	
1	06	06 Turning left		07 Making U-turn		MOST DAMAGED AREA		03	MOST DAMAGED AREA		01	1		2		3		4	
2	01	08 Entering traffic lane		09 Leaving traffic lane		MOST DAMAGED AREA		03	MOST DAMAGED AREA		01	1		2		3		4	
01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right			
06 Turning left				07 Making U-turn				08 Entering traffic lane				09 Leaving traffic lane				10 Parked			
11 Slowing or stopped in traffic				12 Other				13 Unknown				14 None				15 Top & windows			
16 Undercarriage				17 Total (all areas)				18 Other				19 None				20 Deployed - front			
21 Deployed - side				22 Deployed - both front/side				23 Not deployed				24 Not applicable/ No airbag available				25 Unknown			
26 None				27 Lap & shoulder belt used				28 Shoulder belt only used				29 Lap belt only used				30 Child safety seat used			
31 Child booster seat used				32 DOT approved helmet used				33 Costume helmet used				34 Restraint use unknown				35 None used - vehicle occupant			
36 None				37 Lap & shoulder belt used				38 Shoulder belt only used				39 Lap belt only used				40 Child safety seat used			
41 Child booster seat used				42 DOT approved helmet used				43 Costume helmet used				44 Restraint use unknown				45 None used - vehicle occupant			
46 None				47 Lap & shoulder belt used				48 Shoulder belt only used				49 Lap belt only used				50 Child safety seat used			
51 Child booster seat used				52 DOT approved helmet used				53 Costume helmet used				54 Restraint use unknown				55 None used - vehicle occupant			
56 None				57 Lap & shoulder belt used				58 Shoulder belt only used				59 Lap belt only used				60 Child safety seat used			
61 Child booster seat used				62 DOT approved helmet used				63 Costume helmet used				64 Restraint use unknown				65 None used - vehicle occupant			
66 None				67 Lap & shoulder belt used				68 Shoulder belt only used				69 Lap belt only used				70 Child safety seat used			
71 Child booster seat used				72 DOT approved helmet used				73 Costume helmet used				74 Restraint use unknown				75 None used - vehicle occupant			
76 None				77 Lap & shoulder belt used				78 Shoulder belt only used				79 Lap belt only used				80 Child safety seat used			
81 Child booster seat used				82 DOT approved helmet used				83 Costume helmet used				84 Restraint use unknown				85 None used - vehicle occupant			
86 None				87 Lap & shoulder belt used				88 Shoulder belt only used				89 Lap belt only used				90 Child safety seat used			
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601 Child booster seat used</																			

60028

State of Nebraska

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./
District 185

Agency	
Case	
No.	B5-084460

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

09/12/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY | Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

70TH AND HWY 2

front of veh. 2 but did not see the lights for EB/ WB traffic. Shubert stated he was stopped facing SB on 70th at a red light and he believes EB/WB traffic had green lights.

OFFICER NO.

1442

TROOP/ TEAM/ BEAT	SE
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DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

INVESTIGATOR SIGNATURE

Reed Pavelka

Approved by Officer Reed Pavelka

DATE OF
ACCIDENT

09/12/2015